

WIRRAL MONTESSORI Medication Form

Name		Date of birth	
Age group			
Reason for medication			
Prescribed by			
Name of medication (prescription only)			
Exact dosage required (checked against instructions on medication)			
Any specific requirements (e.g. before/after food, known side effects)			
Prior parental permission			
Date of medication required (or dates if multiple)			
Administered by:			
Witnessed by:			
Parental Signature:			

Mon	Tues	Wed	Thurs	Fri
Mon	Tues	Wed	Thurs	Fri
Mon	Tues	Wed	Thurs	Fri
Mon	Tues	Wed	Thurs	Fri
Mon	Tues	Wed	Thurs	Fri
Mon	Tues	Wed	Thurs	Fri
Mon	Tues	Wed	Thurs	Fri

The law requires parental permission to give any medication (prescription or non-prescription) to children (EYFS paragraph 3.46). We use this form to gain permission for each new medicine parents wish us to administer but not for each time that medication is given. Instead we follow the instructions on this form regarding the circumstances in which the medication is to be given and the dose to be given. We always inform parents at the end of each day, when reasonably practical to do so, of any medication administered in line with our policy and procedures for administering medicines.